



KNGF Code of Conduct for Physical Therapists

Guideline for professional conduct

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Foreword

This Code of Conduct for physical therapists of the Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie, KNGF) is the result of an update of the previous 'Professional Ethics and Rules of Conduct for Physical therapists, which was available in the Dutch language only (KNGF, 2012¹). This update is prompted by changes in laws and regulations and by developments in the healthcare sector with an increased and central role of the patient.

The Code of Conduct (hereafter also named 'Code') relates to practical values and norms of the profession and the desired professional behaviour of physical therapists. The Code serves as a guideline for ethical and professional conduct in daily practice, for physical therapy education and in (disciplinary) law. Adhering to the Code will make a positive contribution to professional practice. It clarifies the concepts of what constitutes to being a good professional caregiver and good clinical practice.

The Code of Conduct states the core values for physical therapists: trustworthiness, respect, professional authenticity, integrity and authority. The Ethics Committee, and therefore the professional association KNGF, considers recognition of these core values by all physical therapists important. These core values are views on what is desirable and form the basis for the development of standards. Standards are actionable instructions that can be integrated in rules or justified by laws and regulations.

The Ethics Committee considers it important that the Code of Conduct contributes to reflection, consideration and debate, so that justice can be achieved in concrete situations. The Ethics Committee invites their colleagues to share the outcomes of this process for the further development of the Code.

The Ethics Committee thanks former members of the Ethics Committee for their efforts in the development of this updated Code of Conduct, in particular former chairman Jeroen van Egmond. The Ethics Committee also thanks Betty Kroes and Mitchell van Doormaal for their contributions through the KNGF.

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¹ de Visser-Fijn van Draat B, van Slooten H, Vis A, KNGF Ethiekcommissie. Beroepsethiek en Gedragsregels voor de Fysiotherapeut. Amersfoort; KNGF; 2012.

Reading guide

The Code of Conduct consists of a preamble, which outlines the purpose of the Code and how the Code relates to the profession of physical therapy. This is followed by rules on professional practice, which are subdivided into rules on professional practice in general, the relationship between the physical therapist and the patient, rules on communication with colleagues and other health care providers, rules on physical therapy practice and rules for scientific research.

Version control

Version 1.0	November 2020	
Version 2.0	November 2022	Adjustment Rule 1 and addition to Rule 13
Version 2.0 – English	September 2023	Version 2.0 was translated into the English language

Preamble

Definition and context of the Code of Conduct

The Code of Conduct for physical therapists is a set of rules that relates professional values and standards to being a 'good caregiver' and 'good clinical practice' as described in the 'KNGF Physical Therapist Professional Profile'. Within physical therapy professional conduct, values and standards play an important role. There is constant interaction between the physical therapist and the patient. Both are dependent on each other. Values and norms, but also feelings and views, of both physical therapist and patient play a role during the process of providing health care. The physical therapist must be aware of this at all times.

The Code of Conduct as a guideline

The purpose of the Code of Conduct is to provide a guideline for the professional conduct of physical therapists. The Code describes considerations for the physical therapist to provide good clinical care for a concrete situation, at that moment, in those specific circumstances.

The Code of Conduct in relation to legislation and regulations

Legislation is generally applicable and has precedence over the Code of Conduct. In disciplinary law, the actions of the physical therapist can be considered and measured against the Code of Conduct as part of the professional standard. Laws and regulations relevant to physical therapists are also included in the KNGF Physical Therapist Professional Profile.

Area of practice of the physical therapist

Physical therapists work in various healthcare settings. There is a variety of forms of collaboration within primary health care, such as collaborations at suburb or municipality level, in health centres and networks that focus on the management of specific patient groups. A physical therapist works together with fellow physical therapists and other professionals who work both within and outside the healthcare sector (e.g. municipality or welfare organisations). With patients belonging to certain patient groups based on their diagnosis, a physical therapist works together in transmural networks.

In in-patient care, physical therapists work in multidisciplinary teams or in physical therapy departments, mainly in hospitals, rehabilitation centres, institutions for people with intellectual disabilities, and nursing homes. Physical therapists in the transmural setting provide care to patients at home. They work in outpatient teams and within existing networks. Physical therapists with specialisation acknowledged by the KNGF also work in a subfield within physical therapy. An acknowledged specialisation in physical therapy is characterised by additional and distinguished clinical expertise, knowledge and skills by a physical therapist who is qualified in a clearly defined domain that is recognized as physical therapy by the profession.

Justification for the revision

Realisation of the revision and amendments compared to the previous version

Motive for revision

Changes in laws and regulations in recent years necessitated an adjustment of the previous 'Professional Ethics and Rules of Conduct for Physical therapists'. In addition, changing relationships between healthcare professionals, and between healthcare professionals and their patient called for a revision of this document.

The 'Code Conduct for Physical therapists' has been compiled by the Ethics Committee of the KNGF.

Method

The Ethics Committee had organised two focus groups, one with physical therapists and one with (health care) ethicists for the amendments of the Code. During these meetings, the draft of the Code of Conduct, written by members of the Ethics Committee and a lawyer, was presented. The first focus group with physical therapists consisted of professional members of the Supervisory Board for Physical therapy of the KNGF or Disciplinary Boards for Healthcare. Professional members of these boards apply the rules in disciplinary law. In this role they provide judgement on the actions of the physical therapist. The second focus group consisted of experts in the fields of medical ethics, healthcare ethics, virtue ethics, philosophy and code of ethics and professional conducts of other healthcare professions. After integrating the input from the focus groups in the draft, a selection of professionals from a public call among KNGF

members was requested to provide feedback. After processing their comments, the final version of the Code of Conduct (Dutch language) was submitted to the KNGF Board and to the General Meeting in November 2019.

Name change

During the revision process, the Ethics Committee decided, in contrast to the previous 'Professional Ethics and Rules of Conduct for Physical therapists', to omit the ethical substantiation per rule of conduct. Besides the preamble, the document is limited to a set of rules of conduct. This change in content also necessitated a change of the name and 'Code of Conduct for physical therapists' was chosen. This name is also comparable to similar documents from other healthcare professions.

Amendments

The rules of conduct are not new compared to what physical therapists already do in professional practice. In the amended set of rules of conduct, a number of rules from the previous 'Professional Ethics and Rules of Conduct for Physical Therapists' have been omitted as there is no longer any reason to include them and/or these rules have been incorporated into the practice, such as rules on direct access to physical therapy and the role of a representative of the patient. Rules on professional distinguishment have been limited and changed due to implementation of Market Regulation (Healthcare) Act and the Dutch Competition Act. Rules on intimacy have also been formulated more concisely. The rules on information sharing to third parties are discussed in more detail, partly in response to KNGF member questions. Rules on the code for reporting domestic violence and child abuse, dealing with complaints, the obligation to report data leaks, e-health and the electronic health information exchange system have been added.

The Code of Conduct is in accordance with current laws and regulations, the KNGF Physical Therapist Professional Profile, KNGF guidelines and the positions of the KNGF.

The Dutch language version 'Beroepscode voor de fysiotherapeut' was translated into this 'Code of Conduct for Physical Therapists' by AdPhysio: Research, Training & Consultancy in September 2023.

1 Professional practice

1.1 General

- 1 The Code of Conduct applies to physical therapists who are members of the KNGF and/or are registered in a quality register held under the responsibility of the KNGF.
- 2 The physical therapist adheres to the professional standards in their professional conduct. The professional standard is the set of professional values and norms that describes what constitutes (being) a good caregiver and good clinical practice. The professional standards are expressed in the laws that apply to physical therapy, professional guidelines, protocols, quality standards, (disciplinary) court rulings and this Code of Conduct for Physical therapists. Also the KNGF Physical Therapist Professional Profile, with descriptions of the physical therapy domain and scope of practice and competencies, for both general and specialised physical therapy, provides descriptions of professional standards.
- 3 The physical therapist continually reflects on their conduct in light of good clinical practice and keeps their knowledge and skills up to date. If possible, the physical therapist contributes to the development of the profession.
- 4 The physical therapist always has their own considerations and makes their own decisions about the physical therapy care to be applied and takes responsibility for this.
- 5 The behaviour of the physical therapist shows confidence in and respect for the profession, also when the physical therapist is not in their role as professional.
- 6 The patient's right of free choice for a care providing physical therapist is respected by the physical therapist.

1.2 Professional discipline and scope of practice

- 7 During professional practice, the physical therapist does not perform any activities or give advice outside the discipline or scope of physical therapy and beyond the expertise and/or competence of the physical therapist.
- 8 When lacking specific expertise, the physical therapist has to seek advice from or refer the patient to an expert and/or more competent colleague.

1.3 Patient record keeping

- 9 The physical therapist sets up a patient record for each patient, which is maintained in accordance with the current KNGF guideline 'Fysiotherapeutische Dossiervoering 2019' (Dutch language) on patient record keeping.
- 10 Prior to proceeding with treatment, the physical therapist determines whether there is an indication for physical therapy and whether there is a request for help that falls within their area of competence.
- 11 If, after treatment commenced, there is no longer an indication to continue physical therapy treatment, treatment will be terminated in accordance with current regulations and the patient record will be closed.

2 Relationship between physical therapist and patient

2.1 Privacy and intimacy

- 12 The physical therapist respects the patient's personal life and privacy. The physical therapist does not intrude further into the patient's personal life than is necessary for the patient's request for help and need of guidance and the treatment. The physical therapist refrains from verbal and physical intimacy.
- 13 In case the physical therapist suspects affective or sexual feelings from the patient, it is necessary the physical therapist tactfully points out to the patient that these feelings cannot be answered and it is necessary to refer the patient to another physical therapist. The physical therapist will do so also when the physical therapist has affective or sexual feelings themselves or when these feelings are mutual. The physical therapist then observes an appropriate period, of which the duration depends on the nature of the treatment relationship, in which the physical therapist distances themselves from the patient.

2.2 Professional confidentiality

- 14 In the professional relationship with the patient, the physical therapist has access to data about the patient. This information is confidential in nature and the patient has the right to have this information kept confidential.
The patient's right to confidentiality of their patient data includes everything that the physical therapist has been entrusted with to execute their profession in individual health care and all information of (non-)medical nature obtained by the physical therapist through interview/ history taking, physical therapy examination and observation.

2.3 Providing information and informed consent

- 15 The physical therapist informs the patient timely and in a way that is understandable to the patient about the nature and purpose of the intended examination and proposed treatment plan. The physical therapist understands and respects the situation and personal needs of the patient and invites the patient to ask questions. The patient is actively involved in the decision-making process about the treatment plan.
- 16 The time period in which examination and treatment will be carried out and its' expected duration are also discussed with the patient.
- 17 In addition, the physical therapist discusses the expected outcome, consequences and risks for the patient's health, the physical therapist discusses possible alternatives and the possibility to not treat.
- 18 The patient receives information about the quality of care. If the proposed examination or treatment contains techniques that are not yet generally accepted within the field of physical therapy, the patient will always be explicitly informed.
- 19 The physical therapist will only proceed with examination or treatment if the patient or their carer, guardian or other substitute decision-maker has given specific consent, after having been sufficiently informed.

2.4 Right to review and copy patient record

- 20 The patient has the right to review and receive a copy of their record. This right does not apply to the personal work notes of the physical therapist. Personal work notes, however, should not be kept as parallel patient record.
- 21 No fee can be charged for access to or a copy of the patient record. If the patient requests more than one (hard) copy of all data, the physical therapist may charge a reasonable fee for this, provided that this has been notified to the patient in advance.

2.5 Right to disposal, additions and corrections

- 22 The patient can request the physical therapist to dispose (part of) their record. The physical therapist removes and disposes the record within three months of the patient's request, unless the record contains information of which it is likely that the preservation is of considerable importance to someone other than the patient, and/or the information is of such nature that the law opposes disposal.
- 23 The patient can have a statement added to their record about the information that is included in the record or that they believe is missing. The patient also has the right to have factual inaccuracies corrected.

2.6 Providing information to third parties

- 24 The physical therapist does not provide any (medical) information without the patient's consent or data to third parties. Third parties are healthcare providers who are not involved in the treatment, a non-referring general practitioner, occupational health doctor, medical adviser, municipality, judicial authorities, police, court of justice and the patient's legal counsel.
- 25 With the patient's permission, the physical therapist can provide information to third parties. The patient must be made aware of the purpose, content and possible consequences of the provision of their information.
- 26 Written consent to provide information to a third party is not required. A patient's consent can also be given verbally and noted by the physical therapist in the patient record. If the physical therapist prefers written consent, this may be requested from the patient.
- 27 When a request to provide information is received, the physical therapist will consider whether there is a specific question within the request. In the written report to a third party, only relevant, specific questions are answered. The physical therapist only provides relevant physiotherapeutic information of factual nature.. The physical therapist refrains from making judgments or conclusions.
- 28 A fee may be charged for the provision of information, provided that this has been made known to the patient or the requesting party in advance.

2.7 Electronic health information exchange system

29 The patient is entitled to clear information about what the physical therapist does with their personal data. Personal data, including medical and health data, can only be shared with other healthcare providers via an electronic health information exchange system with the explicit and informed consent of the patient. The patient has the right to request the physical therapist to limit sharing their personal data.

2.8 Health care cost claims

30 Claims for healthcare costs are clear and properly specified. If requested, the physical therapist explains the details of the claim.

2.9 Complaint handling

31 The physical therapist is transparent and prepared to discuss the issue with the patient. The physical therapist provides information about the complaint handling system to the patient and, if requested, about the possibilities of submitting a complaint about the care provided.

2.10 Patient cooperation

32 The physical therapist's own responsibility with regard to being a good healthcare provider cannot be set aside by a patient's wishes or request. The patient is entitled to good care and the physical therapist has the opportunity to oppose the requests and desires of the patient if these make him not adhere to the professional standard.

If the patient appears to be unable or unwilling to cooperate with the treatment, the physical therapist may decide to not continue the treatment. If there are compelling reasons, the physical therapist can also terminate the professional relationship.

2.11 Locum physical therapist and trainee

33 If the physical therapist has the intention to have the patient treated by a locum or a trainee, the patient's consent will be explicitly requested.

3 Communication with colleagues and other healthcare providers

3.1 With colleagues

- 34 When communicating with colleagues and other care providers, the physical therapist maintains professional confidentiality.
- 35 If the physical therapist suspects or believes that a fellow physical therapist acts not adhering to or violates the Code of Conduct, the physical therapist will discuss this with the relevant colleague. On the basis of the KNGF Rules for Disciplinary Law, the physical therapist can, if necessary, submit the matter to the Physical Therapy Supervisory Committee.

3.2 Communication to the patient's referrer or general practitioner

- 36 After the treatment course, the physical therapist reports in writing to the patient's referrer (when applicable) or the patient's general practitioner (in case of direct access with patient consent). Consultations or interprofessional case discussions take place during the course of treatment when needed.

3.3 Locum

- 37 Both the locum physical therapist and the treating physical therapist respect each other's own professional considerations and choices.
- 38 The locum physical therapist adheres to the advice and instructions of the treating colleague. If the locum physical therapist is of the opinion that it is necessary – in the interest of the patient – to adjust the treatment plan with immediate effect, the locum physical therapist will, if possible, consult with the colleague and will make the change, in consultation with the patient. The locum physical therapist substantiates the change in the treatment and/or the treatment plan in writing and reports their considerations in the patient record.
- 39 Regular contact with regard to the common patient is pursued.

4 Operating a physical therapy practice

4.1 Good care

40 A physical therapy clinic or department creates conditions for good physical therapy care, of good quality and of a good level, and complies with the applicable and current laws and regulations. The physical therapy clinic must be set up in such a way that physical therapists can perform their tasks adequately.

4.2 E-health

41 E-health applications can support the organisation of physical therapy care and can help optimising the quality of care. When applying, there must be a treatment relation between the patient and the physical therapist while taking the obligation of informed consent into account.

4.3 Code for reporting domestic violence and child abuse

42 In case of suspicion of domestic violence or child abuse, the physical therapist takes the necessary steps, as described in the 'Code for reporting domestic violence and child abuse', ('Meldcode huiselijk geweld en kindermishandeling'), which should lead to the confirmation or rejection of their suspicion.

4.4 Reporting obligation of data breach

43 In case of data breach, the physical therapist immediately reports the data leaks to the designated responsible body in accordance with current legislation.

4.5 Sharing Knowledge

44 The physical therapist shares new knowledge, skills and/or other interesting developments with the professional group, with no reservations.

4.6 Ancillary activities

45 The professional name of physical therapist is not used by an owner or an employee of a company or institution, to recommend actions, activities and/or products that do not fall within the professional discipline and scope of physical therapy.

4.7 Distinguishing and publicity

- 46 Writing, speaking or acting in the public domain may not damage the reputation and/or the confidence in physical therapy or the professional practice of physical therapists. The information must be factual, objective and verifiable.
- 47 The physical therapist is allowed to provide public information about their range of health care options and to distinguish themselves within the discipline and scope of physical therapy.
- 48 A physical therapist who distinguishes themselves may not be misleading or confusing in any way or contain factual inaccuracies.

4.8 Gifts and donations

- 49 The physical therapist does not accept a gift for themselves that exceeds a modest courtesy. A donation in the form of a contribution for, for example, research, innovative treatments or similar can be accepted.

5 Scientific research

- 50 When conducting or participating in scientific research, the physical therapist observes and adheres to the current legal regulations. The physical therapist ensures that all relevant terms and conditions, as per current legal regulations, are met. For example, if the research concerns patients or involves data that can be traced back to the patients, the physical therapist will request the patients' explicit consent. The interests of the patient will always outweigh the interests of the scientific research and the researcher.

Colofon

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The physical therapists of the Netherlands